MN Med. Recs. - South Co. Crisis Clinic U.S. v. Marvin Nelson

# ·· CRISIS PROGRAM Alameda County Mental Health CRISIS Evaluation

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ŀ	- K311662 SERVE	ALUIA Y 1883 PROPER	LF811638888888	JP8162A6247
		A STATE OF THE STA	81163	A PROPERTY OF THE PARTY OF THE
_				HENDROGEN TO RESTAURANCE

•	PANIE A LACAL
CLIENT NAME: MARVIN NELSON	inplicate with the second of t
DOB: 12/12/59	
Staff Name: YVONNE LOPEZ	agramen
Was a 2 <sup>nd</sup> staff needed for safety reasons? Yes No	17 (17 (17 (17 (17 (17 (17 (17 (17 (17 (
If yes, Co-Staff Name:	(Ctornstrial figures and the supposition of the sup
Start Time: End Time: End Time:	Face to Face (Hr/Min)
PROCEDURE CODE: 90801-433 Eval 371 Crisis Int 690 Non-	-B. Total: (Hr/Min)
LEGAL STATUS: LOCATION: 1 = Office, 2 = F	Geld. 3 = Phone
REFERRED FROM:	
	RU#J
DENTIFYING INFORMATION (Describe client and state what is the problem 144/0 White Me & went to Saval creek 414/05 % de to villa Short Stay 115/05. Gt left AMA an 11/3/05 Ct and Seeling Threatened "by my har Shealth. Ot	after "assout" by other was green well booking
trazadore Ambren & AANom while m ville. Ct only	P
COMMUNITY FUNCTION/ Individual exhibits a substantial impairment in the	e following area(s):
<ul> <li>Community living arrangement</li> <li>Daily activities, including employment, household responsibilities, and atten</li> <li>Social relationships, including the ability to establish and maintain relationsh systems</li> </ul>	ding scheduled programs  ip and social support
Health, including the ability to maintain physical and mental health and man	
Of fired from job other 9 yrs of tech training manage	10 4. 1
	and not recall incidents
one West on Europe 12-16 fts. motherclass when (4 mg).  SYMPTOMS:   Breezed presence of psychotic symptoms Pil	et 12 atter tathers death
SYMPTOMS:  A Repeated presence of psychotic symptoms  Discrete Symptom	not frush this some college chiefe
Violent ideation or acts to persons or property	
Cot denses St, but Hates experiency many La	any about St , but would
not act an any of thought because & don	it want to so to hell."
of Antel Serve degression of part 3 ys. 1	bet ir sconnor
	SC000002

4. BRIEF STATEMENT OF MENTAL STATUS AND PSYCHIATRIC HISTORY INCLUDING DR	UG AND
- Ct Casually dressed, age appromatio - appears stated age, factal ex	arssibul -
deposed / sed -tentul dury intake, cooperative, psychom	oter aug N7
Marmal, Mood -depresed be spaining, Affect - Mood congressent. Space	ch-abit
dramate Dury A14, VH, Thirling - a bit of hopelessnils.	(f 46le
to process logocally their . Cot attended x3 - Cot states using	THE X
daily since 4/65 "self-meds cate," No tite suce 1/14/05-Ct stated	testy 1
PISATINE at Sacral Check for METH. at believes someone put It	h ho
coffee at a party last wellers (10/29/05) , Got started fred to pury	7.0 yrs cy).
5. CURRENT MEDICATIONS: Well buton (for out today) SR 150 mg.	· · · · · · · · · · · · · · · · · · ·
	* \
6. DIAGNOSIS: Axis 1 Deposition No. 1 Planafor Deposition 1871	3
Axis II <u>Potones</u> Come Resonality Plo traits	<u> </u>
Axis III	
Axis IV Occepational poblems	
7. DIAGNOSTIC CODES:	•
Axis 1 30000 Q Axis 11 30000 Q Axis 111 00000 Axis 1V	Current 6 3 Axis V Past Yr. 6
Enter one "P" for Principal Diagnosis and one "S" for Secondary Diagnosis  Additional Diagnosis: Axis 1	
8. TREATMENT INTERVENTIONS, CLIENT RESPONSE, SUBSEQUENT PLANS:	
Od to see Dr Hague 11/17/05 @ 3-dupm	
(3) Brief MX	
@ Robertal to Pup or InA depending in up evaluation	<del></del>
(9 Reterral to Stecomo CHANIE.	
If this is one time only, check here: And Circle the Reason for Discharge Below:	
01 Goals Reached 22 Goals Partially Reached 22 Goals Not Reached 24 Constitution of Client Withdraws Tx Partially Completed 25 Constitution of Client Withdraws Tx Partially Constitution of Client Withdraws Tx Partial Client Wit	
04 Client Withdrew: Tx Partially Completed 05 Client Withdrew: No Improvem 06 Client Died 07 Client Moved 08 Client Discharge/Program Unita	
09 Client incarcerated 10 Admin. Discharge 11 Others 11 Others	
Referred to RU#	317.44 L - TO
9. SIGNATURE DATE 1//16/05 If interviewer is unlicensed.	transplant and the second of the Second
CO-SIGNATURE DATE	SC000003
CRISIS.DOC (0.5/24/04DM)	3C000003

Alameda County

Department of Behavioral Health Care Services -Mental Health Division Client Name: M/www. Birthdate: Chart No.:

PSP Client ID No .:

#### **Progress Notes**

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings: Date Amt. of Loc. | Sive | Pmb. |

Date	Amt. of Time	Loc.	Srvc. Type	Prob. No.	Etatela continued
					of was hit in the head with a base hall but and suffers
					from migrates and brian trauma displacement thet occur
		<u>.</u>			as "born sercures to also states that he has been
					+ ld of in cidents in which he does not recell whe
		_			in cident happening. It states part TK for deposition
					though MD with survey while employed. Pist Rbs
					And in McWee Depolose Effector Pusal Prozec lessons
					Cotys chanazeputions Andrew, at States only sleeping 2-7 was a night, but out sleeping set all the lest few coas.  Ct states 17th to us appetite and that wife Couchy (ct to east negatibles front. It became tearful when
		-			wis a night, but not sleeping set all the lest few days.
					It Agtes 17th to us appette and that wife Gooding (of
			_		to east regardles forist. It became tearly when
_					fearembring how curry some it the fight at villa were
	_			-	is ct. Ct Sad that the left villa before he get betty
					but at "foured" with staff and street that though
_	$\dashv$				argust Ant threatened Ct - Ct Lett AMA on 11/13/05
			_		at tends to lear towards blanky others and art takkey
					Other Responsibility for action and ottomes of outcomes.
$\dashv$					Since the questionable are exhibiting some projustity \$10
_		$\dashv$			traits. Juon Jag IMIL
		$\dashv$	_		
-	$\dashv$	$\dashv$	-	_	·
*******				on in the	
				····	Date: Stability Rating [ ]

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6: Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
311	Collateral	341	Individual Therapy	371	Crisis Intervention	571	Brokerage Services
321	Evaluation	351	Group Therapy	381	Individual Rehabilitation	581	Plan Development

For AB3632 services the ending digit for each code is a (2) except for No Show

				Te i	16	•
. 1	Jate /	Imt. o	LOC.	Srvc. Type	Prob.	
		Li	<u> r</u>	7/0	5	Client in Clinic for medication evaluation with Dr
	1		37	1		Hoque. The Chart was blocked and cartal I am
			7/			reported suicidal ideation with a plan to jumpin
			. 5	0		front of a BART train.
						The Client left Villa short Stog AMA on 11/13/05
	_					but was now Suggesting that he wanted to Jo bock
1	4					to Villa for his tofety.
1	4	$\dashv$		-		This worker and Dr Hoque agreed that Villa
-	$\downarrow$					world be an appropriate to facility for the Client given
-	+				_	Mes clement presentations yourne lopes was out
-	-	$\dashv$		<del></del>		y to forther the westing to they worker was
1	+	$\dashv$				Offied to affist on the Cale).
-	+	$\dashv$				This worker controled mae Kawamoto at Villa
H	+	$\dashv$	$\dashv$			and presented the case to her. She suggested a Villa
$\mathbf{I}$	+	$\dashv$			$\dashv$	referral form be filled out and faxed to them
-	+	$\dashv$	$\dashv$	+	$\dashv$	and that She and JESSIE Tamplen would review
-	+	+	-	$\dashv$	+	the case and get back to les.
$\vdash$	+	+	7	+	$\dashv$	The form was portially filled out when the Chient suggested to this worker that if he could
T	t	十	$\neg$	$\dashv$	7	be prescribed his medications by DV Hogere, he
	1	1			7	world probably be OK, and faid that he thought
	T	1			1	that going hime to his wife ups a sofe and
						better alternative than going book to Villa at
		I				that time.
						The Client reported that he had seen out or
	<u> </u> _					medications a few doep cogo and that just the thought
_	L	$\perp$	1	4		of locing w. Thoset weds made bein quite onxitres. Thus
_	<u> </u>	_	1		!	with a prescription from Dr Hogue, the Clientis auxicety
_	ļ	+	_	4		reduced and he was less onxiones and desperate
	<u> </u>	+	-	_		In addition the client Voiced some Ourbivelauce Good
	_	╀-	+	$\dashv$	+,	reterming to Villa due to his concerns oboret a
	-	╀	- -	- -	+	Nen-in he had with the night Stoff which bead to his
	ļ	╄	+	+	+	leaving Villa AMA.
		╀	+	+	+;	In the end, the Client Stated that he was not
		+-	+	+	+	sucidal and would not attempt to Jump the front of
		+	+	+	1	a BART train and He also Said that it his condition
		+	+	+	1	horzed and he useded help he Knew to Confact Solesal
		1			_ر	neely, Jap, or Yvonne lopez.  Date: Stability Rating 1
-		-				Date: Stability Rating [ ]

Alameda County

Department of Behavioral Health Care Services
-Mental Health Division

Client Name: MWVW MUSW.
Birthdate: Admit Date:
Chart No.: Reporting Unit:

PSP Client ID No.:

### **Progress Notes**

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

	the following headings:  Date   Amt. of   Loc.   Save.   Prob.   A A A A A A A A A A A A A A A A A A										
Date	Amt. of Time	Loc.	Sivc. Type	Prob. No.	Co	mt	invel		<u> </u>		
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					uas				tuos Meser		
					and	he	also added a	- (0	w dose 07, 24	prej	ca for what
	Oppeared to be some paranoid illation bud										
							ble agitation.				
						$\mathcal{I}$	ris worker 500	he	to Jessie To	up	len from Villa
					Ofter	the	Client left	our	office Jessie	3+	etal that
					lie i	121	still investiga	fine	what hoppe	red	between the
					Clier	if c	3nd his stoff	Hua	I head to the	Clo	onto prevatere
					disc	boa	ge. He added.	Heat	shoreld the cl	ent	Ognin
					nes	int	in a crisis,	Je.	sie would be	he	ppy to
					1 re-	od	mit the Clip	nt	for tx.		V1 /
									Chr tohn I	<u> </u>	<u>ن</u>
12/2)	13	1	34	_	س لتما	nt-	Revocal M	PI	Wter to up	Jut	e a ct's
6					174VJ	- (	+ seen tong A	y) a		<u>n d</u>	recastry
					to MD		was prefere	<u>&amp; 31</u>	mailiff better	-6	+ deviled Pt
					Wellbi	tolin			up a scrented.	Ct	- for refun
$\perp$					40 80	ی	no wak of	1/2	Icolor This we	70	will next
					with	CA	at that I	المع	- Man )	N	40
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					·				Date	:	Stability Rating[]
_	of			hou	rs and min	utes I	Location: Office = 1, Field	= 2, T	elephone = 3, Home = 4, S	chool !	Satellite = 5, Satellite = 6:
300	4	lo Sh		<del></del>		331	Assessment	361	Medication Support	391	Group Rehabilitation
311	-	ollat				341	Individual Therapy	371	Crisis Intervention	571	Brokerage Services
321	321 Evaluation					351	Group Therapy	381	Individual Rehabilitation	581	Plan Development

313-MA11 (1/96) SC000006

For AB3632 services the ending digit for each code is a (2) except for No Show

17		7 3	7.	7.	
	Amt. c		Sryc. Type	Prob.	
8	:15	3	54	_	at should starten he needed to repchadule his agent at
16	1		T		was scheduled to see Dr. Hage 12/3/5 Get CH States
-	1-	}-	-	<del>                                     </del>	13 schedules to the tor Hard this a gar of stately
-	<del> </del>	├	<del> </del>	-	he has a court appt of any escheduled for 12/15/05 00
17	ļ		<u> </u>	ļ	ym- from of once
1/2	ردا	1.	182		Treatment plan done today in order for of to continue TX
					on Chic. Jun Ja Man
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1		-	<del> </del>		
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	-	$\neg \uparrow$	一十	+	
$\vdash$	$\dashv$			$\dashv$	
				-	
-		نسند			Date: Stability Rating [ ]

2. Signs and Symptoms That Support DSM IV Diagnosis:
44 y/o white make went to Sanfa   creek M/4lox 40 depression of was sont to
will short stay ultist. at lets will AMA as 11/13/05 offer maken he was
"apartles" by another of falsy "threatened" by night 57 ett. of fact from
Ob of 9 40 - 37 05 as a tech training manager of Gotes morassed by other
married 440 hel 30 1/2 decent of an employee, but deep at early reident for
The state of the s
living of any c of Land & but Stated many I reme about to but no il
unt act in any 80 thought. Go sure derression for Past 3 yet LAN
It has note things have veryon machine to how at described to the
a let domatic during intake strouted. At using THE XZ dily one 6/05,
More since 11/9/05. (4) positive for mont of thisal creak, believes it was put in drink.
3. Estimated Duration of Treatment: Head Myny 20 413 ago
60 days
4. Prognosis: Excellent ( ) Good ( ) Fair (X) Poor ( )
5. Medication Regimen:  No Prescribed Medication See Medication Records Prescribed by Outside Medical Doctor (If box checked list medications with dosages and physician's name/telephone number)
2) Control 2 Sector (A Son encered his incureations with absages and physicians hame rejectione number)
6. Tentative Discharge Plan: Stubilize of a compact by Records at a set
referral to that of the dependent and the regiment.
7. Professional Disciplines Responsible and Specific Treatment Interventions/Services/Frequency:
Yourse lopes prim; Brief TX, collateral, prokerage Scrukes
Dr. S. Hogne, MD; medication 87-h Tiretian.
8. Long Term Goals: Stabilize et on fx, reduce SX and junpouve ferrel of
functioning.
9. Short Term Goals: Stabilize of an RK regiment, reduce SX.

Alameda County Department of Behavioral Health Care Services -Mental Health Division	Client Name: M WM MGM Birthdate: Admit Date: Chart No.: Reporting Unit: PSP Client ID No.: 751 286 42
Treatment Plan	
Treatment Plan Instructions: Define problems, symptoms and fu Objectives must be <u>measurable with timeframes.</u> (Please address Living Arrangements, Daily Activities, Social Relationships, and	the following areas of need that apply: Health, Symptom Management)
Area of Need: Symptoma minagement  Problem No.: I Statement: % depression for pass  SX increased.	7-3412 worke Aver locky Joh
Objective(s): Date	e Objective Achieved:
of and mo working to stabile of an appropriate	rute Ex refinent
Area of Need: Symptom panagement  Problem No.: 2 Statement: At to be IMKed up u	1/210 care in the carety.
Objective(s): Date	Objective Achieved:
an RK,	
Area of Need: Problem No.: Statement:	
Objective(s): Date	Objective Achieved:
Area of Need:	
Problem No.: Statement:	
Objective(s): Date	Objective Achieved:

Area of Need:		
Problem No.: _	Statement:	
Objective(s):		Date Objective Achieved:
Area of Need:		
Problem No.: _	Statement:	
Objective(s):		Date Objective Achieved:
Area of Need:		
Problem No.:	Statement:	
Objective(s):		Date Objective Achieved:
and the second s		
rea of Need:		
Problem No.:	Statement:	
Objective(s):		Date Objective Achieved:

Alameda County Department of Behavioral Health Care Services -Mental Health Division	Cilent Name: A. A. Birthdate; Chart No.: PSP Cilent ID No.:	051286	Admit Date: Reporting Unit:
Treatment Plan			
Client Signature (optional)	***************************************	Date:	
Clinician Signature Lands John Cold	HA/Waivered	Date:	12/14/08
Supervisor Approval Mule Sta Cast So S	MIN/A	, Date:	12/23/05
Psychiatrist Approval	N/A	Date:	
Treatment plan changes:			
		**************************************	
• • • • • • • • • • • • • • • • • • •			
	*		
		· · · · · · · · · · · · · · · · · · ·	
			and the state of the
	<del></del>	<del>, , ,</del>	
Client Signature (optional)	·	Date: _	nangang managan kanada na pangang managan managan managan managan managan managan managan managan managan mana
Clinician Signature □ LPI	-IA/Waivered	Date: _	anganiang akanggayay ay ay ay ay angang mga ng
Supervisor Approval	□ N/A	Date: _	
Psychiatrist Approval	🗆 N/A	Date: _	

Clin	ician's Service Necessity Rating (Please complet	e only at the inc	dicated	l timeframe)		
	months 🗆 1 year 🗆 1.5 years 🗆		<del></del> .	•	٠.	
	se complete the Service Necessity Rating by cor or services from this program to maintain comm					of treatment
A.	Client is at risk of not having a permanent liv- ing arrangement, including being homeless or at risk of becoming homeless. (For children at	Low Service Need				High Service Need
	risk of out of home placement)	1	2	3	4	. 5
В.	Client has identified need for this level of care to prevent difficulties in education/employment/day/social activities.	Low Service Need		•		High Service Need
		1	2	3	4	5
C.	Client will not have the ability to establish and maintain relationships including social support system.	Low Service Need				High Service Need
		1	2	3	4	5
D.	Client will be unable to maintain physical/mental hygiene including management of his/her medication. (Consider age	Low Service Need			ing dia antara para arawa a	High Service Need
	appropriate)	1	2	3	4	. 5
E.	Client will exhibit psychotic symptoms, or succidal ideation/acts or violent ideations or acts to persons or property.	Low Service Need		4	of the second second	High Service Need
		1	2	3	4	5
F.	There is a high risk of recurrence to a level of functional impairment.	Low Service Need	<del> </del>	,		High Service Need
	•	1	2	<b>.</b> 3	4	5
	· ·	i e				

Page 6



### Clinician's Progress Notes

Client Name: Maron Musin

Birth Date:

Admit Date:

Chart No:

Reporting Unit:

PSP Client ID No: 75128642

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis, include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

Date of Service:	Face-to-Face Time: 20	Location:	Service Type		Problem(s) #(s):
12/15/05	Total Amount of Time: 30	t		38[	•
	Committee Commit				
Presenting Problem(	s), including the reason for the visit:	Ct return	of 40 Churc for	<u>~ 1</u>	no flu. ct
berry TX for	- depression. ex of	wellfut	m and Eyprex	40	ron by MD.
Evaluation, including	j mental status examination: சேர	elentral to	Chir casosti	, Line	sed, appeal
	Lyet able wet				
ct denies 50	E, states having to	Alle Sle	eppy 1441 and	zyp	esse "too mucha!
Current ICD-9 Diagno	osis (to fifth digit), Licensed Staff Onl	y: 3 <i>ll</i>	00		(53)
Intervention: Ct-w	Il see MD Ru discu	W RX.	it will custinue	RO.	affendat MW
Jonaly cla	Stes (in Bio Tech) 6 WK	- profram	· Ct will attempt	40 P	ocil a duy to
day activitie	y and not averabely	self and	h "by picture"	<i>t</i>	
Response: Ch	by to School M-R +	Lar Bir to	ela transy. a	- auff	exples to though
it togething	the the nepty	don to	Link dreung"	-Ut.	nd try pelaking
teeks to he	r w/slesp. Ct States a		-	Lele	
Plan: Col Court V	resedon well bottom	à Eypres	oa zypressa	wes	Reduced 42
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school and	Ly to day activity	tel als	An test to	ומשע	helm felt
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Amt. of Time: In he	ours and minutes / Face-to-Face / Staff	Time:		<del>-</del>	
	ce = 1, Field = 2, Telephone = 3, Home		llite = 5, Satellite = 6 Service	Type:	
300 No Show	331 Assessment	361	Medication Support	391	Group Rehabilitation
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321 Evaluation	351 Group Therapy	381	Individual Rehabilitation	581	Plan Development
For AB3632 services the	ending digit for each code is a (2) exce	ept for No Show		<del></del>	) 



## Clinician's Progress Notes

For AB3632 services the ending digit for each code is a (2) except for No Show

**Client Name:** 

Birth Date:

**Admit Date:** 

Chart No:

Reporting Unit:

**PSP Client ID No:** 

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

	ate of Service	Tota	i Amot	ce Time: int of Time:	Location		Service Type:	<del> </del>	Problem(s) #(s):	
1		<b>X</b>			el Grann Rech	S	Contract to a section was suggested	to fair	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
Pr	esenting Pro	blem(s), includi	ng the	reason for the visit:	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					
ļ			<del> </del>	e <del>And Andrews (Andrews) (</del>	<del></del>					
<u> </u>										
Ev	aluation, incl	uding mental st	atus ex	tamination:					•	
			1					7		
			1				7	· · · · · · · · · · · · · · · · · · ·	•	
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	Evaluation		351		3	81	Individual Rehabilitation	581	Plan Development	

#### Alameda County

Department of Behavioral Health Care Services
-Mental Health Division

Client Name: March Mels—
Birthdate: Admit Date:
Chart No.: Reporting Unit:
PSP Client ID No.:

### **Progress Notes**

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

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